

CLAIMS ONLY

Application Number

10088889

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
2						
3						
4						
5						
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7						
8						
9						
10	1					
11	1					
12	1					
13	1					
14	1					
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49						
50						
Total Indep	5					
Total Depend	7					
Total Claims	12					

	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						